Four PIP Strategies:
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4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.1. All existing FCMs, FCM Supervisors, Local Office Directors, and Regional Managers will be trained in the final stages of TEAPI: planning and intervening.	1.1. (a). Complete TEAPI training according to the developed roll-out training plan and calendars for FCMs, FCM Supervisors, Local Office Directors and Regional Managers.	Q1	MB Lippold and D. Judkins	Training Plan, roll-out calendar, sign-in sheets	*TEAPI was completed for the majority of DCS staff on 5-6-09. Also, the TEAPI training schedule indicates the dates and regions that were trained on each of the Practice Model Skills. 100% of all Local Office Directors and Regional Managers have completed training for all elements of TEAPI. Of the existing 1,557 Family Case Managers, only a small percentage in six regions have not been trained. Regions 1,3, 5 and 10 have less than 1% of staff who are not trained in all elements of TEAPI and Regions 16 and 17 have between 2% and 11% of staff not fully trained. Those staff who were not trained or did not complete the TEAPI training will do so through New Worker Training. The TEAPI training spreadsheet attached includes FCMs, FCM Supervisors and Local Office Directors. (**see Appendices**: A.1.Training Roster, A.2. roll-out calendar, A.3. analysis of staff completion.)*		10/7/09
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (a). Data will be collected, analyzed, and a QAR report will be developed which identified a baseline for improvement at the local levels.	Q4	A. Green	QAR report for timeliness of initiation at the local and Regional levels.			

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (b). The Regional Manager will review QAR results for each county that is found to be in non-compliance of timely initiation response for one (1) QAR review.	Q4, Q6, Q8	D. Judkins	Review schedule and review plan at Q4, Q6, and Q8.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (c.) Each region will submit a quarterly Strategic Action Plan (SAP) that will address response timeliness in compliance with statutory requirements.	Q4, Q6, Q8	D. Judkins	SAP report			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (d). The SAPs will be based on the practice indicators, and QAR results and reviewed by executive management quarterly for discussion and further planning.	Q4, Q6, Q8	D. Judkins	SAP reports and outcome of further planning determined.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.3. CFTMs/case conferences will be used to develop effective and achievable safety plans to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (a). Assessors (investigators) will conduct a CFTM/Case conference during the initial stage of the case and develop a safety plan when a report is substantiated and further action is determined (IA, In-home CHINS, and Out of Home Chins).	Q2	D. Judkins	QAR Report will indicate the percentage of initial CFTMs completed with a safety plan developed.	*According to a QAR report period ending in September 2009, a total of 1,679 assessment cases (385 assessments resulting in IAs and 1,294 assessments resulting in CHINS) were surveyed to indicate the development of a safety plan during the initial stage at a case conference or CFTM once a substantiation was established. (See **Appendices**: P.1.QAR Data Analysis and P.2. IA and CHINS Survey Report).*		

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.3. CFTMs/case conferences will be used to develop effective and achievable safety plans to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (b). CFTMs will occur at every critical decision of the case. During the life of the case, CFTM minutes will include the safety plan. FCMs will enter written minutes/safety plan in the CFTMs contact note in ICWIS system.	Q4, Q6	D. Judkins and A. Green	Analysis of ICWIS system report identify concerns regarding safety plan completion and safety plan content, and steps taken to address these concerns.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.3. CFTMs/case conferences will be used to develop effective and achievable safety plans to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (c.) Field Operations in collaboration with PQI unit will randomly select CFTM contacts for review to analyze the content of safety plans and to address concerns identified.	Q5,Q7	D. Judkins and A. Green	Analysis of ICWIS system report identify concerns regarding safety plan completion and safety plan content, and steps taken to address these concerns.			

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risk and needs assessment tools to align with TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (a). Form a committee to identify a comprehensive risk and needs assessment tool that will replace existing independent assessments and screening tools, correlate with the TEAPI practice model, and further guide and support risk and needs evaluation in the field.	Q3	D. Judkins	List of committee members and meeting minutes.	*During Quarter 1, a committee was formed to identify and assess current assessments and screening tools with the effort to identify a singular comprehensive risks and needs assessment tool. (**Appendix M**: List of committee members and meeting minutes)*		10/7/09
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risk and needs assessment tools to align with TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (b). Committee will make recommendation to DCS management for review of tool and plan for implementation.	Q3	D. Judkins	Committee recommendation and outcome of review and Implementation plan.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risks and needs assessment tools to align TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (c.) The tool is selected, policy is revised to reflect the new tool, staff are trained the tool via Computer Assisted training and the toll will then be used by FCMs.	Q4	D. Judkins, A. Green and MB Lippold	Copy of tool and CAT training report along with distributed policy.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risks and needs assessment tools to align TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (d). Modify QAR tool to incorporate new assessment tool, and then utilize QAR tool to measure progress after implementation of the newly revised risk/needs assessment tool.	Q6	A. Green	QAR tool showing modification that incorporates new tool along with QAR report that documents use of new tool.			

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (a). Develop concurrent planning training for DCS field staff, i.e. FCMs, FCM supervisors, Local Office Directors and Executive Managers and provide the training by regions. Additionally, develop roll-out plan for training.	Q4	D. Judkins and MB Lippold	Concurrent planning curriculum and roll-out calendar.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (b) Incorporate Concurrent planning in the "what could go wrong" of the CFTM agenda and equip staff with skills to discuss this by the concurrent planning training.	Q6	MB Lippold and D. Judkins	Revised CFTM agenda template.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (c.) Develop concurrent planning Policy and then utilize CAT (computer aided training).	Q7	D. Judkins	CAT training module and policy.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (d) Develop curriculum on permanency planning (1 day workshop) in collaboration with the Indiana Judicial Center. Offer training regionally for DCS staff and court personnel using videoconferencing capability.	Q6	MB Lippold and A. Brown (Indiana Judicial Center)	Permanency planning curriculum developed. Attendance sheets and training calendar established and published.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5. (e). Each regional permanency team will develop a plan to involve court partners I.e. CASA, probation officers, in the permanency team meetings.	Q2	D. Judkins	Regional Permanency Team Plans	*(See **Appendix Q**: Regional Permanency Team Plans)*		

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement Permanency Planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	1.5.(f). Permanency teams in DCS Regions 6,7 and 14 will develop a referral process to the CIP/DCS Permanency Project to staff their most difficult and long-standing permanency cases.	Q3-Q8	D. Judkins and A. Brown (Indiana Judicial Center)	Referral process developed. Recommendations from Permanency Pilot Project on the staffed cases.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6. (a). Central Office legal staff will review current law to identify any gaps in timeframes relating to detention, initial, fact-finding, dispositional hearings and TPR hearings in CHINS and TPR cases as well as timely filing of TPR.	Q2	J. Lozer and A. Green	Report of the review results will be provided to the Director and Agency	*(See **Appendix R.1**: Memorandum of Statutory Review).*		
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6.(b). If gaps are identified, introduced Legislation that permits detention and initial hearings to be conducted as part of the same proceeding. DCS' General Counsel will instruct DCS local office attorneys to timely file TPR petitions in cases supervised by DCS.	Q3	J. Lozer	Proposed legislative agenda.	*(See **Appendix R.1** : Memorandum of Statutory Review).*		
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6. (c). Central Office legal staff in collaboration with the Performance Quality Improvement (PQI) unit will review the field practices in 92 counties via QAR results to identify any gaps in timeframes relating to detention, initial, fact-finding, dispositional hearings, and TPR hearings, and in CHINS and TPR cases as well as timely filing of TPR.	Q2,Q6 (Renegotiated to Q3, Q6, per discussion with FEDs and approved August 2009)	J. Lozer and A. Green	Outcome of collaboration and QAR review.	See **Appendix R.2** (QAR Data Analysis of Review Results)		

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6. (d). If gaps are identified, form a taskforce to assist the Regional Managers in development of corrective measures and the implementation of those measures that will be addressed in the regional SAPs. The corrective measures will strengthen the timeframes between initial and detention hearings, compliance with TPR filings requirements as well as fact-finding and dispositional hearings.	Q2,Q6 (Renegotiated to Q3, Q6, per discussion with FEDs and approved August 2009)	J. Lozer and A. Green	Taskforce recommendations and SAP reports with corrective measures.	*The taskforce was comprised of Regional Managers from Regions 10 and 15, Chief Legal Counsel from Region 10, staff attorney from Region 11, and Deputy Directors from Legal and Field Operations. The taskforce reviewed QAR data from each county and developed a legal staffing form designed to aid in local staff attorneys and FCMs adherence to statutory timeframes. In Quarter 3, The Regional STAR Report will reflect the use of this tool in selected regions along with a roll-out plan to implement the tool statewide by Q4. (See **appendix R: Taskforce Recommendations**)*		
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.7. Establish the use of Mock Trial DVD for staff training purposes to improve worker skills in court hearings.	1.7.(a). Develop curriculum for Mock Trial DVD to train FCMs, new FCMs and local office staff attorneys on case management, permanency and legal issues.	Q3	D. Judkins and MB Lippold	Mock Trial DVD and training curriculum.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.7. Establish the use of Mock Trial DVD for staff training purposes to improve worker skills in court hearings.	1.7.(b). Implement training schedule for established curriculum.	Q7	MB Lippold	Training schedule			

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INDIANA DEPARTMENT OF CHILD SERVICES

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will local non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (a). Genogram software tool will be provided to all FCMs to use to identify family supports and will be utilized during the CFTM process to identify non-custodial parents and their contacts.	Q3	D. Judkins	Genogram Software tool	*The GenoPro is an advanced, well-organized software tool that allows FCMs to create automated genograms and ecomaps. DCS has trained approximately 1,780 staff on this tool with the continued effort to assist FCMs in identifying family members and their supports as early as possible. (See* ***Appendices:*** *N.1. GenoPro Software tool, N.2. admin letter, N.3. CAT training script, and N.4.download information.)*		10/7/09
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (b). Once tool is used it will be converted to a word document and placed in ICWIS contacts and used as a reference.	Q4	D. Judkins	ICWIS reports showing examples of genograms.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (c.) FCMS will complete an ADI (Diligent Search) on every non-custodial parent during the assessment (investigation) phase, before a change to the permanency plan or when additional information about an absent parent is provided.	Q2	D. Judkins and A. Green	ADI: Diligent Search Policy	*DCS developed a Diligent Search Policy effective November 1, 2009. This policy commits staff to initiate a search for known, absent and non-custodial parents along with relatives beginning at the initial stage of the case and throughout the child's involvement with DCS. (See* ***Appendices*** *: S.1.Diligent Search Policy and S.2. Policy Correspondence to ICWIS Users)*		
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (d). Include Diligent Search question in the QAR tool for continuous review of practice.	Q2	A. Green	Revised QAR tool that includes diligent search question.	*The Diligent Search Question was inserted into the QAR tool July 2009. (See Appendix H: Revised QAR Tool).*		10/7/2009

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will local non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (e). Policy regarding placing children with non-custodial parent and other relatives when it is in child's best interest will be reinforced via Director's note.	Q3	D. Judkins	Director's Note addressing practice expectation.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (f). DCS will track the diligent search efforts quarterly through QAR report.	Q4, Q6	D. Judkins	QAR results			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (g). DCS will identify additional counties to model the key principles of the Marion County's federal grant initiative: Engaging Non-resident fathers and adapt it to the counties' needs.	Q7	D. Judkins	Counties identified and implementation plan developed.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (a). Policy staff will research non-relative kin definitions from other states.	Q5	A. Green and D. Judkins	Policy brief on kin definition			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (b). Policy will collaboratively draft with Court Improvement Project (CIP) a new definition of non-relative kin.	Q5	A. Green and D. Judkins	Approved definition of kin			

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (c.) Policy statement and computer assisted training (CAT) will be provided to field staff, i.e. FCMs, FCM supervisors, Local Office Directors, and Executive Managers.	Q5	MB Lippold, and A. Green	Policy statement and CAT module and/or Admin Letter			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (d). DCS will provide presentations to court staff on the new definition and expectations on non-relative kin.	Q5	D. Judkins and MB Lippold	Presentation materials and sign-in sheets			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (e). Add the newly defined kinship placement ICWIS and the Practice Indicator under CHINS placements.	Q5	D. Judkins and A. Green	Revised ICWIS and practice indicator for increased relative care.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.10. DCS will emphasize to all field staff the value of proximity and preserving essential connections to the child's family, culture, religion and community.	1.10. (a). Quarterly Mandatory management meetings (QUAD) will have proximity and preserving connections as a recurring agenda item.	Q2	D. Judkins	QUAD meeting notes.	*In September 2009 during a QUAD meeting, a proximity scenario was shared with attendees to process and discuss various case management related topics to include preserving connections. (See **Appendices**: T.1. QUAD meeting proximity scenario and questions, T.2.Excerpt from QUAD Meeting Notes, T.3. RM meeting notes).*		

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.10. DCS will emphasize to all field staff the value of proximity and preserving essential connections to the child's family, culture, religion and community.	1.10. (b). Information, decisions and/or suggestions generated about proximity and essential connections from the QUAD meetings will be dispersed to staff through unit meetings.	Q2	D. Judkins	Distributed information	*The Regional Managers shared the proximity scenario discussed in the QUAD meeting with local office staff. (See* **Appendices** *: T.1. QUAD Meeting proximity scenario and questions, T.2. QUAD Meeting Notes, T.3. RM meeting notes).*		
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11. (a). DCS will utilize practice indicators to track the frequency of visits between the child and family members.	Q2	D. Judkins and A. Green	Practice Indicator for Contacts and Visitations trendline.	*(See* **Appendix B.1.** *: Visitation and Contacts Report for July 2009)*		10/7/2009
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11. (b). Field Staff will utilize CFTM/case conferences to encourage families and children's input on visits and contacts and to develop a visitation plan.	Q2	D. Judkins	Template of Visitation Plan used in CFTM/case conference.	*A taskforce of policy and field staff developed a visitation plan template to be used by FCMs during CFTM and/or case conference. FCMs are to download a copy of the visit plan in the visitation screen in ICWIS. A new feature was added in the visitation module that allows FCMS to indicate if the plan was created in a CFTM, case conference, or other. (See* **Appendix U:** *Visitation Plan Template).*		

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11. (c.) Visitation plans created will be placed in the visitation screen in ICWIS.	Q2, Q4, Q6, Q8	D. Judkins and A. Green	ICWIS report identifying rate of plans created for eligible families.	*ICWIS generated a one time aggregated report to capture all visitation plans from the period of 9-1-09 through 11-30-09 by region and county with a State total. An ICWIS migration on 12-1-09 added a new feature to capture if the visitation plans were created during a Child and Family Team Meeting or Case Conference. See **Appendix V**: ICWIS Aggregated Visit Plan Report).*		
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMS will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11.(d). Implement Making Visits Matter in-service regional trainings	Q3	MB Lippold	Making Visits Matter curriculum, roll-out training calendar, and sign-in sheets.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMS will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11.(e). DCS will form a workgroup that will discuss the development of FCMs' facilitation skills necessary to ensure visitations between the child and the parent as well as visitations between the child with participating relatives are progressive and productive.	Q5	D. Judkins	Outcome of workgroup and plan developed.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and	1.11. (c.) Visitation plans created will be placed in the visitation screen in ICWIS.	Q6	D. Judkins and A. Green	ICWIS report identifying plans created for eligible families.			

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12. (a). DCS' office of data management will develop a monthly tracking report that will measure the frequency of case worker contacts with parents in regard to child out-of-home placements, las, and in-home CHINs.	Q1	D. Judkins and A. Green	Current case worker contacts policy and monthly tracking report.	*The pratice indicator report for visitations and contacts were capturing FCM contacts with family members already. However, office of data management revised the high-level definition for this practice indicator to clarify that family members do indicate the original caretakers of the child prior to removal. It was important for Indiana to empasize that many children involved with DCS were not living with their biological parents at the time of removal but many lived with grandparents and other relatives. To enforce this clarification, a ICWIS PIP TIP was sent to all users to further explain to field staff and managers that when making contacts with family members, it is important to choose the correct person in the contact log. Doing so, gurantees the proper migration to the Practice Indicator report which measures the FCM contacts with family members more accurately. (**See Appendices**: B.1. Visitation and Contacts Report, B.2. Case worker Contacts Policy, B.3. ICWIS PIP Tip, and B.4.Practice Indicator Definitions/Information).*		10/7/09
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12. (b). Regional Managers will monitor the monthly tracking report and address non-compliance issues in Strategic Action Plans.	Q1	D. Judkins	Regional Strategic Action Plans	*See Appendix 3 (Excerpts from STAR Report)*		10/7/09

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12.(c.) The Family Functional Assessment (FFA) will be used as a tool guide for FCMs in preparation for quality visits in all case types (in-home CHINS, IAS, and out of home placements).	Q2	D. Judkins	Copy of Family Functioning Assessment	The Family Functional Assessment is a comprehensive field guide that evaluates the domains of a family's life and assesses their level of functioning in each area. Field staff are encouraged to use this tool during the initial assessment of the family and throughout case involvement. (See **Appendix I:** Family Functional Assessment)		10/7/2009
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(d). Provide Director's note that will require FCMs to use the FFA in preparation for quality visits.	Q2	D. Judkins	Director's note	DCS' agency director administered a director's note November 30, 2009 encouraging staff to use the FFA tool to ensure quality and productive worker contacts with families. (See **Appendix W**: Director's Note).		
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(e). FFA will be an agenda item for discussion at Regional Managers' Meeting.	Q2	D. Judkins	Regional Managers Meeting agenda and notes.	The Family Functional Assessment was an agenda topic during the bi-weekly Regional Managers' meeting in August 2009. This initiated further discussion on how to fully engage field staff on the use of this tool and what supports are available or necessary to foster this process. (See **Appendix J**: Regional Managers Meeting Agenda and meeting notes).		10/7/2009

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(f). Supervisors will observe and mentor FCMs as they demonstrate the use of FFA. Counties will then provide a quarterly account of the use of tool to regional managers. Regional Managers will incorporate this report into the reunification section of the strategic action plan.	Q3	D. Judkins	Regional Strategic Action Plans			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (g). QAR tool will be modified to assess frequency and quality of worker contact with parents or children.	Q5	A. Green	Updated QAR tool			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (h). Reviewers will be trained on updated questions.	Q5	A. Green	Practice guidance sent to local offices on modified tool.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (i). QAR tool implemented.	Q6	A. Green	QAR review schedule			

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.13. All CHINS cases will be monitored to ensure that IL services are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the development of their IL plan.	1.13. (a). FCMs will facilitate child-centered (or child specific) CFTM to assess IL needs and is to be held at least 6 months prior to the child's 16th birthday. During which, the IL plan will be developed with the child and updated for every permanency hearing thereafter. This process will be reflected in policy.	Q4	D. Judkins, L. Rich, and A. Green	Template of IL plan to be utilized. Policy and procedural guidance.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.13. All CHINS cases will be monitored to ensure that IL services are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the development of their IL plan.	1.13. (b). IL consultants will develop a protocol and monitoring tool to assess the performance of service providers, their activities, and services requirements.	Q4	L. Rich	Protocol and monitoring tool			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.13. All CHINS cases will be monitored to ensure that IL services are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the development of their IL plan.	1.13. (c.) The tool developed will be used by Regional Child Welfare Coordinators. The Coordinators will use the tool on a statistically valid random sample of providers. The sample selected will be reviewed every two years. Regional Coordinators and Programs and Services staff will develop a biennial timetable. Standard notification letter will advise providers of review.	Q5	L. Rich	Implementation plan; review schedule and report from a review.			

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INDIANA DEPARTMENT OF CHILD SERVICES

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.13. All CHINS cases will be monitored to ensure that IL services are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the development of their IL plan.	1.13. (d). IL consultants will offer quarterly mandatory FCM technical assistance on IL planning and available services. FCMs will, at least yearly attend the mandatory technical assistance workshops for IL services.	Q3-Q8	L. Rich and D. Judkins	Calendar of IL trainings and sign-in sheets			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1.(a). Enhance new and existing service standards for contract renewals to reflect TEAPI values and best practices.	Q2	L. Rich	Enhanced Service Standards	DCS' has thirty-six (36) service standards that regulate a continuum of services offered through the agency i.e. adoption, Chafee IL services, family-centered programs, foster parenting, addictions, preventative care, probation services and foster parenting. In Quarter 2, these standards were updated to reflect TEAPI values and best practices. (See **Appendix X** : Enhanced Service Standards).		

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1.(b). Service specific review tools will be developed and implemented by Regional Coordinators and Programs and Services staff to ensure services provided are in accordance with contract requirements and reflective of TEAPI values. The tool developed will be used by Regional Child Welfare Coordinators. The Coordinators will use the tool on a statistically valid random sample of providers. Sample selected will be reviewed every two years. Regional Coordinators and Programs and Services staff will develop biennial timetable. Standard notification letter will advise providers of reviews.	Q3, Q5	L. Rich	Service specific review tools, review timetable, review notification letter, Quarter 3. Reviews implemented Quarter 5			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1. (c.) DCS service standards will require that providers train their staff on substance abuse and domestic violence as part of the contract requirements.	Q3	L. Rich	Contract Development and Management Standards			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1.(d). Regional Services Councils (RSC) will develop a new service standards for transportation services and submit to Central Office.	Q5	L. Rich	Standard developed at RSC request.			

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	2.1. (e) FCMs will enter services for each family in the appropriate module in ICWIS in order to track the timeliness of service referrals.	Q3	D. Judkins	Tracking mechanism that records the timeliness of service referrals and associated reports.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.2. DCS will ensure that all wards are assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.	2.2. (a). FCMs will coordinate with the Medicaid office to secure the name and contact of the care coordinator for each ward. The care coordinator contact information will be shared with foster parent.	Q1	D. Judkins	Admin letter to FCMs about care select	*Care Select is a Medicaid care management system represented by two care management organizations. These systems operate in part to ensure that children who are made wards are enrolled in Medicaid and receiving services. During this PIP quarter, DCS released an administrative letter to field staff, supervisors, and management explaining the purpose of Care Select and requesting full collaboration with these systems. (See* **Appendix D:** *Admin Letter)*		10/7/09
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.2. DCS will ensure that all wards are assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.	2.2. (b). FCMS will complete at least annual health care surveys provided by Medicaid care coordinators to ensure the ward's physical, hearing and vision exams occur and provide updates from these screenings.	Q2, Q6	D. Judkins	Statement from Care Select regarding status and completion of surveys.	*A data pull from September 2009 indicated a 65% survey completion rate which is a 2.1% increase from an earlier June 2009 survey data report. (See* **Appendix Y***: Office of Medicaid Policy and Planning (OMPP) Data Analysis Report).*		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.2. DCS will ensure that all wards are assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.	2.2. (c.) Medicaid vendor will provide a survey report of surveys completed. DCS will review the report and resend the admin letter if needed to encourage survey completion.	Q3, Q7	D. Judkins	Survey report and admin letter			

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.3. DCS will explore additional funding to provide mental health assessments to children served in Informal Adjustments (IA).	2.3.(a). Central Office will research funds that can be designated for mental health assessments for children served in Informal Adjustments (IA).	Q2	D. Judkins	Outcome of Research	*(See **Appendix Z**: Memorandum of Understanding between DCS and Department of Mental Health and Addiction (DMHA)).*		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (a). DCS will form a committee to develop a Placement Checklist to be used by FCMs when placing children.	Q4	D. Judkins	Copy of pre-placement checklist that will be utilized prior to placement.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4.(b). Develop a Placement Checklist policy to guide FCMs with the use and terms of the checklist during placements.	Q5, Q6	A. Green and D. Judkins	Placement Checklist Policy Q5 and Checklist implemented. Policy notification memo. Q6			

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (c.) DCS Programs and Services Department will have an orientation with Regional Managers, Local Office Directors, FCM Supervisors, FCMs and foster care licensing staff, on the use of the CASEY Family Assessment tool.	Q2	L. Rich	Outcome of the 2-day training. Sign in sheets. Training Materials.	*In 2008, DCS established a Foster Care Reorganization Project which included a goal of improving how potential foster parents were evaluated before licensure and child placements. In 2009, Program and Services conducted an orientation of the CASEY Family Assessment Tool to a group of DCS staff. In attendance were FCMs, FCM Supervisors, Regional Managers, Local Office Directors, trainers, foster care staff and staff from a Licensed Child Placing Agency. DCS intends for the tool to be utilized by Foster Care Licensing Specialists in their evaluation of future foster (resource) homes. (See Appendices: AA.1.Outcome of Orientation, AA.2. attendance sheet, and AA.3 training materials).*		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (d). Develop a plan to pilot the use of the Casey Family assessment to determine realistic expectations about foster parenting, and appropriate matching between child and family. Identify pilot counties that already have foster care specialists to use the assessment tool.	Q3	L. Rich	Formalized plan for pilot with counties identified to implement the CASEY family assessment tool.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (e). Develop a plan to train and then implement the use of the CASEY Family Assessment tool statewide by identifying and selecting foster care specialists for each county/region.	Q4	L. Rich	Statewide roll-out training and implementation plan. List of foster care specialists for each			

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (f). DCS will update placement matching functionality in ICWIS system to aid staff during placement decisions.	Q3, Q6 (Only report out in Q6 per discussion with FEDs and approved 8-20-09)	A. Green	ICWIS Placement Matching updates. (The Evidence of Completion has been changed to Status Update (a narrative of progress) per discussion with FEDs and approved 8-20-09)			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (g). ICWIS coordinators will conduct task training to all field staff (FCMs, FCM supervisors, Local Office Directors, and Regional Managers) on how to use the new tool during regional in-service training.	Q4 (Moved to Q8 per discussion with Feds and approved 8-20-09)	A. Green	Training schedule/roll-out calendar. Sign-in sheets - no longer required. (The goal is to pilot at least eleven (11) large and medium counties in March 2011. Bugs in the system will be worked out before the pilot. Training will come before the production in the pilot counties. Due in Q8 per discussion with Feds and approved 8-20-09.)			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5. (a). Develop a committee to review licensing issues to include evaluating the paperwork associated with the licensing process as well as timeliness standards for home studies and licensure activities.	Q3	L. Rich	Committee member list and meeting dates. Outcome documentation from committee.			

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5.(b). Develop a position and then appoint regional licensing specialists to enhance agency responsiveness and timeliness to the needs of prospective foster parents during the licensure process.	Q5	L. Rich and J. Lozer	List of Regional Licensing Specialists and their job duties.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5. (c) Create a workgroup to address procedural issues that are prohibitive to respite care services and discuss the feasibility of continued per diem during respite care.	Q6	J. Lozer	Meeting notes and outcome of workgroup.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (a). DCS' Foster Care Review Group will identify a placement assessment tool to be used by FCMs before placements occur.	Q2	D. Judkins	Placement Assessment tool	*Indiana adopted the CANS (Child Adolescent Needs and Strengths) assessment as it's placement assessment tool and behavioral health assessment tool. The CANS is currently being piloted in Regions 3, 5, 12, and 13. FCMs are instructed to utilize this tool during the initial assessment phase of the case and on-going as needed throughout the case management stage. FCM supervisors, in these regions, have been trained as SuperUsers of the tool (received extended training to train the tool). A protocol has been developed as a guide to use the tool in the field. (See **Appendices:** K.1.: CANS Assessment and K.2. Protocol).*		10/7/2009

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4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (b). Policy and practice guidance will be developed on the use of the tool.	Q3	A. Green	Policy developed and practice guidance.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (c.) FCMs will be trained on both the policy and placement assessment tool before implementation.	Q4	MB Lippold and A. Green	Training schedule			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (d). The QAR tool will be updated to include a question to measure the use of the placement assessment tool.	Q3	A. Green	Updated QAR tool			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (e). Regional Managers will utilize data from the QAR report to address concerns or progress related to the new tool in the Region's strategic Action Plans.	Q8	D. Judkins	QAR report and SAPs			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes. Prepared by: CFSR Program Manager, Indiana Department of Child Services	2.7. DCS will create foster care specialization units statewide to focus efforts on recruitment, placement stability, foster care in-service training, respite care coordination, and after hour supports.	2.7.(a). DCS' foster care review group will develop a statewide strategy on how to implement specialization units throughout the state. The strategy will include the job description of the foster care specialist, service and support expectations to be rendered to foster families, and plan to develop the specialization units.	Q4	D. Judkins	Strategy developed and implementation plan.			

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.7. DCS will create foster care specialization units statewide to focus efforts on recruitment, placement stability, foster care in-service training, respite care coordination, and after hour supports.	2.7. (b). Develop a job description for foster care specialist.	Q4	D. Judkins	Foster Care specialist job			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (a). Programs and Services will disseminate the list of providers and dentists who accept Medicaid to FCMs via email. The list will be updated and sent out annually. FCMs will be encouraged to share updated list with foster parents during visits.	Q3, Q7	L. Rich	List of providers and distribution list.	*DCS located a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database. The information is generated from AIM (a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and added to the Foster Family Resource Guide given to prospective foster parents during FAKT training. (see **Appendices** : O.1. email from Deputy Director of Programs and Services to DCS staff, and O.2. printout of screen from provider search)*		10/7/09

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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (b). Programs and Services will provide a current providers list to new foster parents during FAKT training.	Q3	L. Rich	Provider list	*DCS located a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database. The information is generated from AIM (a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and added to the Foster Family Resource Guide given to prospective foster parents during FAKT training. (see **Appendix 14** : email from Deputy Director of Programs and Services to DCS staff, and printout of screen from provider search)*		10/7/2009

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (a). DCS Domestic Violence workgroup will identify the community providers, who offer domestic violence services, to develop a partnership.	Q1	D. Judkins	Workgroup membership and Partnership membership.	*The DCS Domestic Violence workgroup membership consisted of internal staff who represented areas of policy, legal operations, ICWIS, Hispanic initiatives, field staff and executive management. DCS forged partnerships with two significant community providers who serves victims of domestic violence in different capacities: Dr. Carolyn Black, IU School of Social Work and Domestic Violence Specialist, Celeste Jackson of Family Social Services Administration (FSSA). Over the course of this initiative, DCS has plans to expand this partnership to other community providers including law enforcement. In addition, FCMs have been encouraged to utilize the DV partner programs in their respective regions as an additional resource. (See **Appendix E:** Workgroup membership and partnership list).*		10/7/09

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (b). The DCS DV workgroup will develop recommendations from the collaboration to develop policy for field staff to assess domestic violence more effectively.	Q2	D. Judkins and A. Green	Recommendation from workgroup and written approved policy.	*The recommendations from the workgroup were utilized to update practice tools and current policy chapters (Intake, Assessment, General Case Management, In-Home Services, Out-of-Home Services) in which domestic violence issues made an impact. In order to locate the revisions, the tools and polices will indicate a new section that addresses domestic violence as it relates to that particular administrative or field practice. (See **Appendices**: L.1. Workgroup recommendations and L.2.Revised tools and policies.)*		10/7/09
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1.(c.) DCS workgroup will work with Law Enforcement Agency and service providers to develop a protocol on how field staff can intervene and provide service in instances of domestic violence.	Q4	D. Judkins	The protocol developed.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1.(d).The Domestic Violence protocol and policy will be trained to field staff through in-service training.	Q4	D. Judkins, A. Green and MB Lippold	Training plan and roll-out calendar. Training sign-in sheets.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.2. DCS will partner with FSSA, OMPP, and DFR to discuss issues of provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2. (a). DCS will partner with all agencies mentioned to develop service strategies. Included will be encouraging providers to accept Medicaid and develop both capacity and service availability.	Q5, Q7	L. Rich, J. Ryan and D. Weinberg	Quarterly meeting meetings.			

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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.2. DCS will partner with FSSA, OMPP, and DFR to discuss issues of provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2. (b). DCS will implement strategy identified and developed from collaboration.	Q5	L. Rich, J. Ryan and D. Weinberg	Outcome of implementation.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.2. DCS will partner with FSSA, OMPP, and DFR to discuss issues of provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2.(c.) DCS will partner with FSSA, OMPP, and DFR to ensure that dental health providers who accept Medicaid have both the capacity and availability to service wards throughout the state.	Q5, Q7	L. Rich and J. Ryan	List of dental health providers. Q5 baseline of providers. Q7 Increase of providers over baseline			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	3.3.(a). Develop a taskforce of those involved with Fatherhood initiatives, LEA, CASA, Juvenile Judges, and CIP to formulate strategies to increase non-custodial and absent parent involvement.	Q4	D. Judkins	Recommendations developed from taskforce.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	3.3. (b). Recommendations from the taskforce will be considered for policy and procedural development.	Q4	D. Judkins and A. Green	Policy and procedural guidance			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	3.3. (c.) DCS will offer Computer Assisted Training to DCS staff on new policy. The training will be placed on DCS Intranet and coordinated with the Judicial Center to offer the training to external legal partners.	Q4, Q6, Q8	MB Lippold, A. Green and A. Brown (Indiana Judicial Center)	Roll-out training calendar and sign-in sheets, Q4. Percentage of DCS and Courts staff/external partners trained, Q6 and Q8			

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4. (a). Develop a plan to implement the Permanency Project Pilot Court/DCS initiative to improve the permanency outcome.	Q1	D. Judkins and J. Lozer	Implementation Plan	*During Quarter 1, Deputy Directors from Field Operations, Legal, Practice Support along with Region 14's manager and CIP administrator met to discuss how the Permanency Pilot Project will be implemented in the Pilot counties. (See **Appendix F:** Implementation Plan worksheet)*		10/7/09
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4.(b). Ensure the three counties selected will continue collaboration between the Local office directors and Juvenile Judges.	Q2	D. Judkins and J. Lozer	Meeting minutes	*See **Appendix BB**: Meeting summary*		
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4. (c.) Develop a review process for cases selected.	Q3	D. Judkins and J. Lozer	Formalized process in which the cases were selected.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4.(d). Generate checklist for cases reviewed in order to move cases to permanency.	Q3	D. Judkins and J. Lozer	Checklist			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4.(e) Create and implement plan to share effective strategies with local offices and court staff.	Q5	D. Judkins and J. Lozer	Information disseminated to the field with statewide implementation roll-out plan.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.5. DCS - Johnson County will continue collaboration with Johnson County Circuit Court to manage CIP funded pre-hearing facilitation program.	3.5. (a). DCS Johnson County will provide semi-annual reports on the progress of the initiatives outlined in the funded program.	Q2, Q4, Q6, Q8	D. Judkins and J. Lozer	DCS Johnson County Court Progress report to CIP	*(See **Appendix CC**: Johnson County CIP Program Status Report).*		

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.6. DCS - Marion County will continue collaboration with Marion County Superior Court to CIP-funded Pre-hearing mediation and facilitations program for CHINS cases.	3.6. (a). DCS Marion County will provide Semi-annual report on the progress of the initiatives outlined in the funded program.	Q2, Q4, Q6, Q8	D. Judkins and J. Lozer	DCS Marion County Court Progress report to CIP.	*(See Appendices: DD.1. Marion County Facilitation and Mediation Report and DD.2. Marion County Model Court Report on Mediation Program).*		
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.7. DCS - Tippecanoe County will provide semi-annual report on the progress of the initiatives outlined in the funded program.	3.7. (a). DCS Tippecanoe County will provide semi-annual report on the progress of the initiatives outlined in the funded program.	Q2, Q4, Q6, Q8	D. Judkins and J. Lozer	Tippecanoe County Court progress report to CIP.	*(See **Appendix EE**: Tippecanoe County CIP Program Status Report)*		
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.8. Positive outcomes reported from the CIP/DCS mediation and facilitation programs will be used to develop a statewide implementation plan.	3.8.(a). Field Operations will review the progress reports from the listed counties and develop a taskforce with CI on how similar initiatives can be implemented statewide.	Q4, Q6	D. Judkins and A. Brown (Indiana Judicial Center)	Outcome of taskforce and statewide implementation plan, Q4. Update on Implementation, Q6.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.9. DCS will collaborate with IDOE (Indiana Department of Education) on the development and implementation of education advocates for wards.	3.9. (a). DCS and IDOE will draft educational advocate language and determine the job description/role of an educational advocate.	Q3	J. Lozer	Educational advocate language and job description.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.9. DCS will collaborate with IDOE (Indiana Department of Education) on the development and implementation of education advocates for wards.	3.9. (b). Continue collaboration with IDOE to determine the funding source for the advocates and the development of the pilot plan for certain regions.	Q7	J. Lozer	Outcome from collaboration and pilot plan.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(a). The Individual Training Needs Assessment Tool (ITNA) will be completed for all FCMs with the FCM supervisor.	Q4	MB Lippold	ITNA training protocol			

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4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (b). Once training needs are identified the curriculum developed will include a catalog of courses available to FCMs that will include classroom training, web-based e-learning modules, and video conferencing training.	Q6	MB Lippold	Course catalog			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (c.) A schedule for needs-based training courses will be published and distributed to FCMS to review.	Q6	MB Lippold	Training schedule.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (d). FCMS will attend classes and complete all requirements including evaluation summary.	Q8	MB Lippold	Published evaluation data based on satisfaction surveys completed and reviewed for training effectiveness.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(e). Form a committee to identify and secure additional funding for cost-effective trainings held outside the partnership for Child Welfare Training and Education, and establish a protocol on how FCMs can access these funds.	Q2	MB Lippold	Protocol developed and approved by the Director.	*(See **Appendix FF**: Admin letter on External Trainings).*		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(f). Develop a policy to determine the required in-service training hours for FCMs each year.	Q3	MB Lippold and A. Green	Policy			

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4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (g). Development of a comprehensive training record information system to track all trainings attended and completed by FCMs.	Q3	MB Lippold	Tracking reports generated to show number of hours completed.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (a). Develop Director's Note to inform all DCS staff of the plan to transition FAKT training from Programs and Services Department to the Staff Development Department.	Q6	L. Rich and MB Lippold	Director's Note			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (b). During transition, Training staff will review current FAKT curriculum and identify areas to improve based on TEAPI model as well as update pre and post foster parent training materials to include more reality-based and situational learning.	Q6	MB Lippold	Documentation of FAKT curriculum review and revised FAKT training curriculum.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2.(c.) DCS Hispanic Initiative Program Manager will review current FAKT forms and training materials to ensure the use and correctness of the Spanish Language.	Q2	D. Judkins	Updated bilingual materials/curriculum	*Updates and corrections were made to the FAKT forms and training curriculum to reflect correct terminology of the Spanish language. (See **Appendix GG**: Updated forms and training curriculum).*		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (d). Staff development will develop a plan to have training available for Spanish Speaking foster parents.	Q5	MB Lippold	Plan completed with an implementation timeline.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (a). DCS will incorporate the educational surrogate training into FAKT training.	Q7	MB Lippold	FAKT training curriculum			

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4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (b). Provider practice guidance or policy tips to FCMs on how to secure an educational surrogate for children in placement, primarily special education students, as well as practice tips on how to advocate on behalf of the child to ensure educational needs and/or plans or met.	Q3	A. Green	Policy tips and practice guidance.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (c.) DCS will provide a Computer Assisted Training on how to become educational surrogates available to FCMs and FCM Supervisors. Training will be tracked through Enterprise Learning Management System (ELMS) for all who completed the training.	Q7	MB Lippold	CAT training completed and ELMS report of staff trained.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (d). The Foster Care specialization units will generate a report of foster parents who become educational surrogates and provide additional supports as needed.	Q8	D. Judkins	List of foster parents/educational surrogates			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4. (a). Expand definition of safety in practice indicator to measure safety more effectively.	Q1	D. Judkins	Revised practice indicator	*The Practice Indicator safety definition was expanded to mirror the federal safety definition. The revised practice indicator and modified absence of maltreatment report will be available in Q2 (PIP item 4.4.b) reflecting the expanded definition. (See **Appendix G** : Expanded Safety Definition)*		10/7/09

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4.(b). Utilize State practice tracking system (Practice Indicators -PI) to make the PI mirror the CFSR process. This will require modifying the PI report for the absence of repeat maltreatment and creating a new PI report to capture the absence of child abuse and/or neglect in a foster care setting.	Q2	D. Judkins	New PI created and modified absence of maltreatment report.	*The new practice indicator report and Absence of Maltreatment report have been modified to reflect the expanded safety definition provided in Q1. (See **Appendices**: HH.1. New PI Report and HH.2. Modified Absence of Maltreatment Report).*		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4.(c). Based on maltreatment measurements across state, Regional Managers will develop strategies that will address the frequencies in maltreatments for each region. Each region will implement strategies developed and report progress in SAPs.	Q1	D. Judkins	Regional Strategic Action Plans	*See **Appendix C**: (Excerpts from STAR Report)*		10/7/09
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.5. DCS will sustain clinical supervision supports by integrating the efforts into on-going staff training.	4.5.(a). Fill the clinical consultant vacancy. Continued expectation of this position is to facilitate group in-service trainings with supervisory and management staff regarding best practices in Clinical Supervision.	Q2	D. Judkins	Name of new staff and job description. Schedule/calendar of in-service trainings.	*The clinical consultant vacancy was filled in 2009. This position will provide clinical support to supervisors and local office directors by ensuring fidelity and maintenance of various practice reform applications. (See **Appendix II**: New Staff, job description, and schedule/calendar of in-service trainings).*		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.5. DCS will sustain clinical supervision supports by integrating the efforts into on-going staff training.	4.5.(b). Clinical Consultant will meet with Deputy Director of Staff Development to devise a plan on how to integrate the clinical supervision techniques into on-going staff training.	Q3	D. Judkins and MB Lippold	Plan of outcome and implementation.			

Prepared by:
CFSR Program Manager,
Indiana Department of Child Services

Indiana Department of Child Services
2009-2011 PIP Quarterly Report Update
Quarter 2: 9-1-09 to 11-30-09
*Quarter 2 steps are highlighted in yellow

Four PIP Strategies:
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
3) Engage multiple partners to protect children in their community through cooperation and communication.
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.5. DCS will sustain clinical supervision supports by integrating the efforts into on-going staff training.	4.5. (c.) Clinical supervision techniques will be incorporated into New Supervisor training, Practice Model Supervision training and Leadership Training, Trainers will incorporate new material into appropriate modules.	Q4	MB Lippold	Curriculum developed and updated modules.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.5. DCS will sustain clinical supervision supports by integrating the efforts into on-going staff training.	4.5.(d). The Clinical consultant in collaboration with Peer Coach Consultants (Regionally-based staff) will develop a plan to mentor/coach staff on the fidelity of clinical supervision techniques as it relates to the implementation of the TEAPI model.	Q6	D. Judkins and MB Lippold	Outcome of plan developed.			

Prepared by:
CFSR Program Manager,
Indiana Department of Child Services

State:	Indiana
Date Sub	10/6/2009
PIP:	
Quarterly	x
Quarter:	1

Part B: National Standards Measurement Plan and Quarterly Status Report

Safety Outcome 1: Absence of Recurrence of Maltreatment	
National Standard	94.60%
Performance as Measured in Final Report/Source Data Period	92.7% (4-1-05b to 3-31-06a) (met standard per Feds January 2009)
Performance as Measured at Baseline/Source Data Period	93.2% (07ab)

Negotiated Improvement Goal	93.80%											

Renegotiated Improvement Goal												

Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Note

Safety Outcome 1: Absence of Maltreatment of Children in Foster Care

National Standard	99.68%
Performance as Measured in Final Report/Source Data Period	99.30%

Performance as Measured at Baseline/ Source Data Period	99.69% (FY 07ab)											
Negotiated Improvement Goal	N/A. Met National Standard: (Indiana Data Profile, July 9, 2008)											
Renegotiated Improvement Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Permanency Outcome 1: Timeliness and Permanency of Reunification												
National Standard	122.6											

Performance as Measured in Final Report/Source Data Period	120.9											
Performance as Measured at Baseline/ Source Data Period	124.6 (2008ab profile)											
Negotiated Improvement Goal	N/A. Exceeded National Standard with both the 07b/08a Profile, July 9, 2008 & 08ab Profile, March 31, 2009											
Renegotiated Improvement Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Permanency Outcome 1: Timeliness of Adoptions												
National Standard	106.4											
Performance as Measured in Final Report/Source Data Period	114.7											
Performance as Measured at Baseline/Source Data Period	117.2 (2008ab profile)											
Negotiated Improvement Goal	N/A. Met Standard with both the 07b08a profile, July 9, 2008 & 08ab profile, March 31, 2009.											
Renegotiated Improvement Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

(Enter the											
Note											
Permanency Outcome 1: Achieving Permanency for Children in Foster Care for Long Periods of Time											
National Standard	121.7
Performance as Measured in Final Report/Source Data Period	119.7
Performance as Measured at Baseline/Source Data Period	133.4 (08ab profile)
Negotiated Improvement Goal	N/A - Exceeded national standard with both the 07b08a and 08ab profiles.

Renegotiated Improvement Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
the												
Note												

Permanency Outcome 1: Placement Stability

National Standard	101.5
Performance as Measured in Final Report/Source Data Period	95.6 (Met Standard Per Feds January 2009)
Performance as Measured at Baseline/Source Data Period	100.7 (08ab profile on March 31, 2009)

Negotiated Improvement Goal	101.5											
Renegotiated Improvement Goal												
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

State:	Indiana
Date Submitted	10/7/2009
PIP:	
Quarterly Report	x
Quarter:	1st

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/System ic Factor: _Safety Outcome 1___ Item: __1__		Item:												
Performance as Measured in Final Report	69%													
Performance as Measured at Baseline/Source Data Period														
Negotiated Improvement Goal														
Method of Measuring Improvement	Investigative QAR Tool - Question #2													
Renegotiated Improvement Goal														
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
	81.02%	80.0%										

Note: See Appendix Q: CFSR Item #1 Baseline Data												
Outcome/System ic Factor: _Safety Outcome 2___ Item: _3___		**Item:**										
Performance as Measured in Final Report	84%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QSR Tool - Practice Review 8											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/System ic Factor: __Safety Outcome 2__ Item: __4__		**Item:**										

Performance as Measured in Final Report	71%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QSR Tool - Child Status Review 1											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/System ic Factor: _Permanency Outcome 1___ Item: ___7_		**Item:**										
Performance as Measured in Final Report	53%											
Performance as Measured at Baseline/Source Data Period												

Negotiated Improvement Goal												
Method of Measuring Improvement	QAR tool - new question											
Renegotiated Improvement Goal												

Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Note

Outcome/Systemic Factor: _Permanency Outcome 1___ Item: __10__		**Item:**	
Performance as Measured in Final Report	88%		
Performance as Measured at Baseline/Source Data Period			
Negotiated Improvement Goal			
Method of Measuring Improvement	QSR Tool - Child Status Review 9: Pathways to Independence		

Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: Well-Being Outcome 1____ Item: __17__		**Item:**										
Performance as Measured in Final Report	45%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QSR Tool - Practice Review 4: Assessing and Understanding											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor: _Well-being Outcome 1___ Item: _18___		Item:											
Performance as Measured in Final Report	51%												
Performance as Measured at Baseline/Source Data Period													
Negotiated Improvement Goal													
Method of Measuring Improvement	QSR Tool - Practice Review 1: Engaging - Role and Voice of Family Members												
Renegotiated Improvement Goal													
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note													
Outcome/Systemic Factor: Well-Being Outcome 1____ Item: _19___		Item:											

Performance as Measured in Final Report	77%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QAR tools (Wardship and IA) - new questions											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: _Well-Being Outcome 1___ Item: __20__		**Item:**										
Performance as Measured in Final Report	37%											
Performance as Measured at Baseline/Source Data Period												

Negotiated Improvement Goal												
Method of Measuring Improvement	QAR Tool - new language to address mothers and fathers											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: ____ Item: ____		**Item:**										
Performance as Measured in Final Report												
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												

Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: ____ Item: ____		**Item:**										
Performance as Measured in Final Report												
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor: ____ Item: ____	Item:										
Performance as Measured in Final Report											
Performance as Measured at Baseline/Source Data Period											
Negotiated Improvement Goal											
Method of Measuring Improvement											
Renegotiated Improvement Goal											
Status (Enter the quarter end date and measurement	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note											